PHONE 712-362-2639
DEPUTIES:
CHIEF DEPUTY JUSTIN SCHULTES
SERGEANT JEFF MERRILL
TONY RUTER
DILLON FAAS
THOMAS SCHULTES
CALEB CREECH
DAVID GREENWALD

CIVIL CLERK: LAURIE HARVEGO



Law Enforcement Center 114 North 6th Street Estherville, Iowa 51334-2229 FAX 712-362-7271
DISPATCHERS:
EMILY KRAUSE
CASIE WHITACRE
CHRIS INMAN

JAILERS:
JAIL ADMINISTRATOR:
LAURIE HARVEGO
AHREN OUELLETTE
DALTON RUCKER

Notice of Competitive Testing

The Emmet County Sheriff's Office is now taking applications for a motivated candidate to join our team of professional law enforcement officers as a patrol deputy sheriff.

Entry level with no previous experience starts at \$29.51 per hour or \$61,377.17 annually.

On July 1st 2023 the entry level position will increase to \$70,583.75 or \$33.94 per hour with additional increases based upon longevity and performance.

ILEA certified candidates will start at a higher wage rate based upon their qualifications and experience.

In addition, overtime is available with this position at 1½ times the standard rate of pay, paid vacation, paid holidays, (approximately 4 weeks paid time off in the first year), sick benefit, paid employee health insurance, IPERS retirement system and an individually assigned take home patrol vehicle.

A successful applicant will need to be able to achieve and maintain necessary certifications as required by the State of Iowa and the Emmet County Sheriff's Office, report to work on short notice and be available to work different shift schedules as needed including nights, days, weekends, and holidays, possess a high school diploma or GED as well as a safe driving record.

Lateral transfer of current lowa certified officers will be accepted. All other applicants will be required to undergo a Civil Service Examination/POST (Police Officer Selection Test) and physical agility test. Top qualifiers must undergo a

background investigation, psychological examination as well as other preemployment testing.

Applications and complete job description are available at the Emmet County Sheriff's Office at 114 North 6th Street in Estherville, Iowa, on the web at www.emmetcounty.iowa.gov or on the Emmet County, Iowa Sheriff's Office Facebook page.

Applications with resume must be received by the Emmet County Sheriff's

Office by 4:00 pm on July 7th 2023. Testing of eligible applicants will be conducted at 8:00 am July 22nd 2023.

Eligible applicants will be notified of the exact location prior to testing. Contact Emmet County Sheriff Mike Martens with any questions at 712-362-2639. Emmet County is an EOE.

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Emmet County Deputy Sheriff Job Description

An Emmet County Deputy Sheriff performs work involving general duty police work in the protection of life and property through the enforcement of laws of applicable Federal, State and Local Laws, may be assigned to any specific task within the department's area of operation; and performs work under both supervised and unsupervised conditions, which involves an element of personal danger.

Job Duties, Responsibilities and Tasks:

Each of the following job duties and responsibilities of the Deputy Sheriff are performed on an on-going regular basis unless otherwise noted. The duties and responsibilities of this position include, but are not necessarily limited to:

- 1. Enforcing of Local, State and Federal Laws.
- 2. Patrolling of an assigned area, checking doors and windows and examining premises of unoccupied buildings or residences in order to detect any suspicious conditions in a motorized vehicle and when necessary, while on foot patrol.
- 3. Investigate suspicious conditions, respond to call for service in a timely manner and make arrests of persons who violate the law.
- 4. Make traffic arrests and issue citations and warning citations to those who violate traffic laws, aid motorists and investigate traffic accidents.
- 5. Investigate, conduct or assist in the investigation of fires, accidents, rescues, hazardous materials and other disorders whether felony or misdemeanor violations of the law in the unincorporated county and in any other communities or municipalities of Emmet County as necessary.

- 6. Conduct investigation of serious crimes and accidental deaths. While preserving the scene of the crime, interviewing victims, witnesses and suspects. Follow up on information gathered and present cases for prosecution to the Emmet County Attorney's Office.
- 7. Serve warrants, subpoenas, legal papers, civil processes and execute them as required by the Office of Sheriff. Conduct and supervise evictions, conduct replevins and place liens as required by law.
- 8. Perform the duties of a jailer as needed, including but not limited to: the booking and processing of prisoners, fingerprinting, photographing, preparing and serving meals, dispensing of medications to prisoners and other medical necessities, the screening of visitors and conducting of visitation in the jail when necessary, maintaining custody of prisoners during transportation or movement.
- 9. Provide for the transportation of the emergency hospitalization of mental health patients as required by law.
- 10. Appear in court as the arresting officer or as a witness and required.
- 11. Respond to medical calls for service and provide first aid as necessary.
- 12. Maintain order and security as needed in court proceedings.
- 13. Maintain records and prepare reports; and
- 14. Perform all other related duties as assigned by the Emmet County Sheriff or designee.

Knowledge, Abilities and Skills

The knowledge, abilities and skills required of Deputy Sheriff's include: knowledge of the Iowa Criminal Code and Rules of Civil Procedures, department policies and procedures, rules and regulations, the ability to communicate effectively with the general public, have the ability to perform under stressful situations, be capable to operate various equipment such as general office equipment, fingerprint equipment, photographic equipment, computer equipment and other devices as required. In addition, a deputy sheriff must also have the knowledge of how to properly gather, preserve and store evidence.

A Deputy Sheriff must be able to successfully complete the Iowa Law Enforcement Academy training as required by Iowa Law.

Necessary Special Requirements

The necessary special requirements for a Deputy Sheriff include: a valid State of Iowa Driver's License; the ability to obtain and maintain certifications including but not limited to: CPR, First Aid, Weapons qualification, less than lethal force options, Data Master Operation, Radar Unit Operation, Jail Procedures and Medication Dispensing; and other training and certifications deemed necessary and appropriate by the Emmet County Sheriff.

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UNDERSTANDING THE APPLICATION PROCEDURE

Your application will **NOT** be processed for a deputy sheriff position with the Emmet County Sheriff's Office unless **ALL** required items are submitted.

I WILL BE **REQUIRED TO RETURN** THE **FORM (A)** AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND **FORM (B)** APPLICATION FOR EMPLOYMENT FOR THE EMMET COUNTY SHERIFF'S OFFICE **ON OR BEFORE** 4:00PM on July 7th, 2023 TO BE CONSIDERED FOR EMPLOYMENT.

I further understand that I will be required to submit the **required items** below to the Emmet County Sheriff with my application. These items **must** be submitted with a completed application by **4:00pm July 7th**, **2023**.

Written and physical testing for the position of Deputy Sheriff will take place July 22nd, 2023 at 0800hrs. Eligible candidates will be notified of the location of testing.

Required Items to be submitted

- 1. A completed Authorization for Release of Personal Information form. Form (A)
- 2. A completed Application Form. Form (B)
- 3. Completed Personal Information Forms Pages 1A-8A.
- 4. Copies of High School Transcripts and a copy of your diploma or GED.
- 5. Copies of College Transcripts and a copy of your diploma.
- 6. Certified Copy of your birth certificate.
- 7. Copy of your DD-214 if applicable.
- 8. Copy of your lowa Law Enforcement Academy Certification (If applicable)
- 9. THIS ORIGINAL FORM THAT IS SIGNED AND DATED.

I understand that I must meet and maintain all minimum qualification standards, including physical requirements and personal conduct from the time my application is submitted through the end of the selection process.

I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE SUBSEQUENT TO EMPLOYMENT.

I understand that all submitted materials become the property of the Emmet County Sheriff's Office and will NOT be returned to me.

Χ	
(Signature of the applicant and date)	

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Authorization for Release of Personal Information

I,	_ do hereby authorize a review of and full
disclosure of all records concernia	ng myself to the Emmet County Sheriff's Office
whether the said records are a pu	ublic, private or confidential nature, including
criminal histories.	

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Emmet County Sheriff's Office. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for providing this information; and I do hereby release Emmet County and any and all agents or employees and the Emmet County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and/or copy of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for	or Release of	f Personal Ir	nformatio	n."
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Х	
	(Signature of Applicant and Date)
	EMMET COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Emmet County Iowa

Employment Application

		App	licant	Informa	ation		
Full Name:	Last	First	t			M.I.	Date:
Address:	Street Address						Apartment/Unit #
	City					State	ZIP Code
Phone:				Email_			
Date Availal	ole:					Desired	l Salary:\$
Position App	olied for:						
Are you a ci	tizen of the United States?	YES	NO	lf no, a	are you	authorized to w	YES NO ork in the U.S.?
Have you ev	ver worked for this company?	YES	NO	If yes,	when?_		
Have you ev	ver been convicted of a felony?	YES	NO				
If yes, expla	in:						
10000	N. V. C.	30.0		cation	75 15	1286830	
High School	l:						
High School			r (dd) ood	'YES	NO		
	Di	d you g	raduate'			Diploma::	
College:			Address	s:			
			raduate'	YES	NO	Degree:	
Other:			Addrace	s:			
Other:			Addiess	YES	NO		
	Di	d you g	raduate'			Degree:	
	State of the late to be to	100	Refe	rences		NEW YORK	SATT MENTS THE LAND
Please list	three professional references.						
Full Name:						Relation	ship:
Company:						Ph	none:
Address:							

Full Name:				Relationship:
				Phone:
A 1.1				
Full Name:				Relationship:
				Phone:
-				
Control of the last	Previous E			SUCTION (224) 1 (2) 11
Company:				Phone:
				Supervisor:
·		Salary:\$		
Responsibilities:				
	To:			
	r previous supervisor for a reference?	YES	NO	
Company:			-	
Address:				Supervisor:
Job Title:	Starting S	Salary:\$		Ending Salary: <u>\$</u>
Responsibilities:				
From:	To:	Reason fo	or Leaving:	
May we contact you	r previous supervisor for a reference?	YES	NO	
2				Dhone:
				Phone: Supervisor:
Address:				
Job Title:	Starting S	Salary:\$		Ending Salary:\$
Responsibilities:				
From:	To:	Reason fo	or Leaving:	
May we contact you	r previous supervisor for a reference?	YES	NO	

THE STREET, ST	Military Service	
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		
	isclaimer and Signature	
I certify that my answers are true and compl	lete to the best of my knowledge.	
If this application leads to employment, I und interview may result in my release.	derstand that false or misleading information	in my application or
Signature:	Date	

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SERGEANT JEEF MERRII I

CHIEF DEPOTY JUSTIN SCHOLTES
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AHREN QUELLETTE

AHREN OUELLETTE DALTON RUCKER

Qualified applicants are eligible to compete for all positions without regard to race, national origin, sex, creed, religion, age or marital status.

Notice: Application must be typewritten or clearly printed in ink. ALL questions must be answered and accompanying documents received PRIOR to processing. If not applicable, indicate NA (not applicable). If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

PERSONAL HISTORY

a. Name in full (last, first, middle)		b. Social Security Number
the state of the s	d Have you ove	er applied with e. Email address and/or website
c. List all other names you have used. Include nicknames, maiden name and previous	the Emmet Co.	
married surname(s).	so, when?	S.O. beibler II
	So, when?	
f. Birth date (month, day, year)	g. Place of birth	h. Are you a U.S. citizen?
		Yes No
i. List all drivers license number(s) issued to you:		j. Current drivers license state of issue.
k. List all states in which you have had a drivers license issued to you:	I Are you curre	ently certified by the Iowa Law Enforcement Academy?
K. LIST all States III Writch you have had a drivers license issued to you.	1	
	☐ Yes	No Date Certified:
m. Have you ever been issued a passport? If so, please list passport number and loca	tions traveled.	
Passport Number: Locations Traveled:		
CONTACT INF	ORMATION	
a. Current mailing address		Telephone Numbers:
		Residence Phone Number:
		()
Street address/PO Box	Apt. No.	a not a visit of
		Cell Phone Number:
City State	Zip Code	()
b. Permanent address if different from above	Lip dotto	
W. I CHIMATOR GUARCES II MITOTORI HOM WOOTE		Office or alternate Number:
		()
Street address/PO Box	Apt. No.	
City State	Zip Code	

EDUCATION RECORD

SUBMIT BOTH HIGH SCHOOL AND COLLEGE TRANSCRIPTS WITH THIS APPLICATION.

	******APPLICA	ATIONS WILL N	OT BE PROCESSED	WITHOUT TRAN	ISCRIPTS****			
High School: Circle highest grade comple	ted 8 9 10 1	.1 12 Higl	n School diplom	a or equivalent	(GED)?		Yes	No
Name			Address		Dates At	tended	Date G	raduated
					From	То		
		l						
College/University: Circle No. of years co	malated 1 7	2 1 5 6	or more					
Name of School and Location		Attended		eceived	Field of Stud	y or Area of	Type of	Graduated
Name of School and Location	Dates	ittenaca	J. Cant.			Concentration		Yes/No
	mo/yr	mo/yr	Semester hours	Quarter hours	Major	Minor		
			+					\vdash
			+					\vdash
			-					
			1					
a. If you are working toward a degree, please								
b. Has any disciplinary action, including proba	tion and dismis	sal, ever been	taken against you	during your acad	emic career?			
Yes No If yes, complete the fo	llowing:							
			School			D	ate	
Type of action taken:								-
c. List awards, honors, citations, athletic ende	avors, and any	other special re	ecognition you red	eived:				
c. Elst awards, fishers, elections, amount and	,		,					
								-
d. List any special abilities, (computer skills, et	to I special inter	acts or hobbie	ç.					-
d. List any special abilities, (computer skins, et	ic./ special litter	ests of Hobbie	3.					
	(4.0)	1 11.1	1*-1-411	مغاسي المصمادية	fluonthu			-
e. List languages, including American Sign Lan	guage (ASL), in a	addition to Eng	glish that you spea	ik, read and write	nuentiy:			
								_
f. If you are licensed or certified to practice a	trade or profess	ion, complete	the following:					
Specialty:		License issue	d by:					
		INTE	RNSHIPS					
		IIVIL	KINDI III D					
Name of business:				From: (mo/yr)			To: (mo/yr)	
-								
Address:				City:			State:	
Address:								
				Example of dutie	s nerformed			
Work supervisor:				Example of dutic	.s performed:			
Name of business:				From: (mo/yr)_			To: (mo/yr)	
Address:				City:			State:	
Mark suponisor				Example of dutie	es performed:			
Work supervisor:				Example of date	o periorinea.			

RESIDENCE HISTORY

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_
-
-
Details
other, or sister eve
other, or sister eve

SELECTIVE SERVICE/MILITARY RECORD

a. Have you ever (check all that apply):				
Registered with the Selective Service, if applicable? Yes No				
Applied for a position with any branch of the Armed Forces of the United States?	Yes No			
Been rejected by any branch of the Armed Forces for any reason?	No If yes, state reason(s):			
Been inducted into any branch of the Armed Forces? Yes No				
Deen madeted into any branch of the Announce of the				
If yes, complete sections b-h	Donald of william apparies	d. Highest rank	attained	e. Serial Number
b. Dates of Active Duty (month, day and year)	c. Branch of military service	d. nignest rank	attaineu	e. Seriai Ruilibei
FromTo				
f. Type of discharge		IT	Reserve/Nationa	
11 1790 51 51551-52		Yes	∐ N	0
Date DD-214 Form Recorded County :	State	Service Branch		
Provide a copy of your DD-214 with application.		Location		
Ргочие а сору от уоит DD-214 with аррисации.				
h. Was any type of disciplinary action taken against you in the service?	Yes No			
Nature of disciplinary action?				
a. Are you now, or have you ever been a member of any club, society or organization	IZATION MEMBERSHIP	Yes	☐ No	
a. Are you now, or have you ever been a member of any club, society or organization if yes, list below. <i>Do not abbreviate.</i>	n?			le) hold and output of activity
a. Are you now, or have you ever been a member of any club, society or organization		Yes Dates		(s) held and extent of activity
a. Are you now, or have you ever been a member of any club, society or organization if yes, list below. <i>Do not abbreviate.</i>	n?			(s) held and extent of activity
a. Are you now, or have you ever been a member of any club, society or organization if yes, list below. <i>Do not abbreviate.</i>	n?			(s) held and extent of activity
a. Are you now, or have you ever been a member of any club, society or organization if yes, list below. <i>Do not abbreviate.</i>	n?			(s) held and extent of activity
a. Are you now, or have you ever been a member of any club, society or organization if yes, list below. <i>Do not abbreviate.</i>	n?			(s) held and extent of activity
a. Are you now, or have you ever been a member of any club, society or organization if yes, list below. <i>Do not abbreviate.</i>	n?			(s) held and extent of activity
a. Are you now, or have you ever been a member of any club, society or organization if yes, list below. Do not abbreviate. Organization Membership	n? City and State			(s) held and extent of activity
a. Are you now, or have you ever been a member of any club, society or organization if yes, list below. Do not abbreviate. Organization Membership VOLUNTEER	City and State City and State		List position	
a. Are you now, or have you ever been a member of any club, society or organization of the second se	City and State City and State		List position	(s) held and extent of activity (s) held and extent of activity
a. Are you now, or have you ever been a member of any club, society or organization if yes, list below. Do not abbreviate. Organization Membership VOLUNTEER	City and State City and State ACTIVITIES/EMPLOYMENT vic activities)	Dates	List position	
a. Are you now, or have you ever been a member of any club, society or organization of the second se	City and State City and State ACTIVITIES/EMPLOYMENT vic activities)	Dates	List position	
a. Are you now, or have you ever been a member of any club, society or organization of the second se	City and State City and State ACTIVITIES/EMPLOYMENT vic activities)	Dates	List position	
a. Are you now, or have you ever been a member of any club, society or organization if yes, list below. Do not abbreviate. Organization Membership VOLUNTEER Volunteer Activities (including volunter fire fighting, police or sheriff reserve and cive	City and State City and State ACTIVITIES/EMPLOYMENT vic activities)	Dates	List position	
a. Are you now, or have you ever been a member of any club, society or organization if yes, list below. Do not abbreviate. Organization Membership VOLUNTEER Volunteer Activities (including volunter fire fighting, police or sheriff reserve and cive	City and State City and State ACTIVITIES/EMPLOYMENT vic activities)	Dates	List position	

EMPLOYMENT

List your work experience, starting with the most recent. Include summer and part-time employment in addition to jobs held as a teenager. <u>Account for all time</u>. If unemployed for a period of time, indicate and set forth dates of unemployment. If you do not recall the name of a supervisor, work address, etc, indicate such on the application.

a. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & State	Name of supervisor		
Telephone	Reason for leaving		
b. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & State	Name of supervisor		
Telephone	Reason for leaving		
c. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & State	Name of supervisor		
Telephone	Reason for leaving		
d. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & State	Name of supervisor		
Telephone	Reason for leaving		
e. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & State	Name of supervisor		
Telephone	Reason for leaving		
f. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & State	Name of supervisor		
Telephone	Reason for leaving		
g. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & State	Name of supervisor		
Telephone	Reason for leaving		
h. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & State	Name of supervisor		
Telephone	Reason for leaving		

RELATIVES

Provide complete name, including middle name (no initials) and complete address

a. Father				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date Telephone				Occupation			
b. Mother				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date Telephone				Occupation			
c. Spouse/Significant Other (if wife, include maiden name)				Employer			
Street address				Street Address			
City		State	Zip code	City			Zip code
Birth date Telephone				Occupation			
d. Children							
Child's Name				Child's Name			
Street address			Street address				
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Birth date	Telephone		
Child's Name				Child's Name			
Street address				Street address			
City		State	Zip code	City		State	Zip code
Birth date Telephone				Birth date	date Telephone		
e. Other relatives (brothers, sisters,	L						
Name and Relationship				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Occupation			
Name and Relationship				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date Telephone			Occupation				
Name and Relationship				Employer			
Street address				Street Address			
City State			Zip code	City State Zip code			Zip code
Birth date Telephone			Occupation				

RELATIVES (Continued)

Provide complete name, including middle name (no initials) and complete address Name and Relationship Street Address Street address Zip code State Zip code City State City Occupation Telephone Birth date Name and Relationship Employer Street Address Street address Zip code State City State Zip code City Occupation Birth date Telephone Yes ☐ No Do you have any relatives or friends currently employed with the lowa Department of Public Safety? Division: Relationship: Name: Division: Relationship: Name: Relationship: Division: Name: References Give three references (not relatives, present employers, or school teachers) who are responsible adults of reputable standing in their communities, preferably those who have known you well during the past five years. If retired, give former occupation. a. Complete Name No. yrs. acquainted Occupation Home Phone Home address Bus. Phone Business name and address b. Complete Name No. yrs. acquainted Occupation Home Phone Home address Bus. Phone Business name and address c. Complete Name No. yrs. acquainted Occupation Home Phone Home address Bus. Phone Business name and address Give three social acquaintances a. Complete Name No. yrs. acquainted Occupation Home Phone Home address Bus. Phone Business name and address b. Complete Name No. yrs. acquainted Occupation Home Phone Home address Bus. Phone Business name and address c. Complete Name No. yrs. acquainted Occupation Home Phone Home address

Business name and address

Bus. Phone

Writing assignment

In one page or less please tell the reader about yourself and why you believe that you are the most appropriate candidate for the position of deputy sheriff.